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				pril D. Kaplan	_	(Depositor's name)
				aprild	Kehla.	(Signature)
			E	ectronically filed on	August 25, 2010	(Date)
APPLICATION NO.	FILING DATE	T	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,944	10/772,944 02/05/2004		John E. Kast	151P08970US02		5311
TITLE OF INVENTION	: IMPLANTABLE MEI	DICAL DEVICE WITH E	EXTERNAL RECHARGI	AG COIL		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRBV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/30/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
OROPEZA, FRANCES P		3766	607-033000			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363).						up, P.A.
	ondence address (or Cha	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 of more recent) attached. Use of a Custome			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
Number is required.			listed, no name will be	printed.	-	
			THE PATENT (print or ty		to talliate of total and do	
recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	flied below, no assignee pletion of this form is NO			is identified below, the do	cument has occur med to:
(A) NAME OF ASSI	ONEE		(B) RESIDENCE: (CITY	and STATE OR CO	UNTRY)	
Medtronic, Inc. Minneapolis, MN						
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the platent):	Individual Corp	oration or other private grou	p entity Government
4a. The following fec(s)	are submitted:	41		se first reapply any	previously paid issue fee si	hown above)
☑ Issue Fee ☐ A check is enclosed. ☑ Publication Fee (No small entity discount permitted) ☑ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - #		erinited)	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 200409 (enclose an extra copy of this form).			
5. Change in Entity Sta	(f status in diasta	1 ab a a	overpayment, to Depo	sit Account Number	soosis (enclose an	extra copy of this form).
	s SMALL ENTITY statu		☐ b. Applicant is no lon	ger claiming SMALL	ENTITY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if requ	ired) will not be accepted	from anyone other than t	he applicant; a regist	red attorney or agent; or the	assignee or other party in
Authorized Signature	William	08-		Date August 2		
Typed or printed name William D. Bauer			Registration No. 28,052			
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